## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jul 06, 2006 8:00 am Secrétary of State **DOCUMENT # P05000112636** 1. Entity Name 07-06-2006 90003 020 \*\*\*158.75 ARTISANAT ONE, INC. Principal Place of Business Mailing Address 18996 SE CORAL REEF LN. 18996 SE CORAL REEF LN. 50021631 JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Busines 12330 SE 3. Mailing Address 167 Beacon Suite, Apt. #, etc 07032006 Chq-P CR2E034 (11/05) 4. FEI Number Applied For City & State 20-3323758 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33 SM Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DURHAM, NAHIDA Street Address (P.Q. Box Number is Not Acceptable) 18996-SE-CORAL REEF LN. se a Con JUPITER FL 33458 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 713/06 SIGNATURE. ed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change Addition TITLE DURHAM, NAHIDA NAME NAME IN 167 Beacondar STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE TITLE ☐ Change Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Addition ☐ Change Delete TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addition, with all particular like propowered. SIGNATURE:

FILED

## **ATTACHMENT**

#PU5 000112636

Division Of Corporations PO Box 1500 Tallahassee, Fl 32302-1500

7/3/2006

I have received no prior notice of the need for an annual report. This is my first year in business and I am not aware of these procedures. I ask for your understanding in this matter.

Also, my address has changed to:

Artisanat One 12330 SE Dixie Hgwy Hobe Sound, Fl 33455

Thank you,

Nahida Durham